

studies appear to have been made of the incidence of the condition in localities outside large centers of population, and at considerable elevations above sea-level.

In view of the influence of the short wave lengths of the solar radiations on the development of this disease, and that fact that atmospheric absorption of these rays is greater at lower altitudes and higher latitudes, it follows that the most important geographical factors which enter into the problem of rickets would be elevation above sea-level and distance from the equator.

Rickets was found to be present in 18.2 per cent of 597 children living under excellent hygienic conditions in a small city in the western Rocky Mountain region, at an elevation of 4310 feet, lying in the same degree of north latitude as New York City.

In a series of Japanese children living in the same locality, 26 per cent had active or healed rickets.

An analysis of 233 cases of rickets indicated that the most important physical signs, in the order of their frequency, were beading of the ribs, chest deformities, and poor muscle tone. Twenty-one cases of bow-legs were noted in children having other signs of rickets.

The factors of good hygiene and sanitation, abundant sunshine and out-of-door living, together with the greater values in ultra-violet radiations of the sunlight at this altitude, probably account for the low incidence of rickets in this region, 18.2 per cent as compared with 50 to 80 per cent among the poorer classes in eastern sea-coast cities.

#### REFERENCES CITED

1. Forbes, Roy and Green, Berryman: Incidence of Rickets in Colorado with Report of a Clinical Survey and Climatological Observations, *Colorado Med.*, 22: 69, 74, February, 1925.  
Forbes, R. P.; Green, Berryman, and Stephenson, F. B.: Rickets in Colorado, *Arch. Ped.*, 63: 2, 131, February, 1926.
2. Personal Communication, Dr. Edson Pettit, Carnegie Institution of Washington, Mount Wilson Observatory, Pasadena, California.

**Spahlinger Treatment of Tuberculosis (Propaganda for Reform)**—Notwithstanding the fact that the Spahlinger treatment of tuberculosis was secret and that evidence in its favor had not been made generally available, Spahlinger and his friends have repeatedly attempted to secure government endorsement of the preparation in England and to secure funds for its development. Now the records of ten patients injected by Spahlinger personally with this remedy have been reported by Dr. Thomas Nelson in the *London Lancet*. These records are decidedly unfavorable to the treatment. The evidence in favor of the Spahlinger method of treatment of tuberculosis is not sufficient at this time to warrant an extensive trial. The burden of proof is still on Spahlinger, who should at least show that in a considerable number of cases studied under controlled conditions the remedy will accomplish more than can be accomplished by the method of treatment now practiced in well-regulated institutions for the treatment of tuberculosis.—*Journal A. M. A.*, January 22, 1927.

**Kloron (Propaganda for Reform)**—Qualitative tests made in the A. M. A. Chemical Laboratory indicate that Kloron Tablets (J. I. Holcomb Mfg. Co.) contain Chloramine—U. S. P. as their potent ingredient. The claims made for the preparation are typical of the extravagant exploitation of official products by the "patent medicine" route.—*Journal A. M. A.*, January 8, 1927.

## MONGOLISM IN BOTH OF TWINS

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**REUBEN AND KLEIN** (*Arch. Ped.*, August, 1926, 43:552-554), recently reviewed the literature on mongolism in twins. They were able to find a total of seventeen cases in one of twins, in all of which the twins were of opposite sexes. They also found recorded in the literature three cases in both of twins, and added a fourth, observed by themselves, the twins always being of the same sex.

Dietrich and Berkley (*Calif. and West. Med.*, April, 1926, 24:498-499), report two cases of mongolism in one of twins. The first pair are both males, age 8 weeks; the second pair are females, age 5 months. In view of the fact that in all previously reported cases of mongolism in one of twins (seventeen in number) the sexes are opposite, it would be interesting to know whether these very young infants at present showing no signs, later develop evidences of this condition.

#### CASE REPORTS

These twins were delivered by Dr. Bertram Stone on April 12, 1914. The parents said that they were exactly alike in every respect as they grew up. As they became older, they were told by several doctors that both children were "feeble-minded." Snapshots, taken several years before the death of one twin, were shown by the parents. These showed two boys with similar facial characteristics.

W. B., twin 1, boy, age 10 years. Father was 48 years of age at birth of child, mother 43 years (now 58 and 53, respectively, living and well). Normal birth. Examination showed a very much overweight child with typical mongolian facies, slanted palpebral fissure, inner epicanthic fold, with broad base to nose. The skull was flattened posteriorly, the hair of the scalp was coarse. The nasal passages were greatly occluded, the mouth always open, and the teeth spaced. The tongue was large, and the surface slightly geographic in character. The abdomen was somewhat protuberant, the genitals infantile. The little fingers were much shorter than the others. The child was probably an imbecile rather than an idiot. He could use many words, but his sentences were poorly constructed.

B. B., twin 2. This child was not seen in our clinic. It died several months previous to the visit of its brother, of diphtheria. The records of the San Francisco Isolation Hospital show that this child had, in general, the same physical characteristics as were noted in the other twin, in our clinic. The mental condition was also recognized. It had a bronchopneumonia in addition to its diphtheria while at the San Francisco Hospital. Both twins were seen shortly before the death of one by Dr. John Sullivan, who noted the striking similarity, and whose impression was that the twins were of the mongolian type, both physically and mentally.

I wish to thank Doctor Stone and Doctor Sullivan for their cooperation in helping me assemble data for these cases.

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